



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000485798

2. Name of Corporation Lonsdale Parents & Teachers

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 270 RIVER ROAD

City or Town: LINCOLN

State: RI

Zip: 02865

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

PARENT AND TEACHER ORGANIZATION

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MARISSA DALY	151 ARNOLD STREET LINCOLN, RI 02865 USA
TREASURER	KENDRA GAY	10 COOPER DR LINCOLN, RI 02865 USA
SECRETARY	ALLYSON GORDON	28 SPRAGUE AVENUE

		LINCOLN, RI 02865 USA
ASSISTANT SECRETARY	AMY ARCHAMBAULT	6 BETTY ST LINCOLN, RI 02865 USA
VICE PRESIDENT	NICOLE DESMARIAS	7 CULLEN AVE LINCOLN, RI 02865 USA
DIRECTOR	PAULA MUSTO	5 EDGEHILL DR LINCOLN, RI 02865 USA
DIRECTOR	KRISTIN STEBENNE	1165 LONSDALE AVE LINCOLN, RI 02865 USA
DIRECTOR	NICOLE HENAULT	270 RIVER ROAD LINCOLN, RI 02865 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

PRINCIPAL 270 RIVER ROAD LINCOLN , RI 02865

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 28 Day of April, 2016 at 5:45:02 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By KENDRA GAY
Signature of Authorized Person

Form No. 631
Revised 09/07